PCF. 17

## PHARMACY COUNCIL

### NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY

*(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)*

A. **TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER**

**DETAILS OF THE PHARMACY**

Name of the pharmacy....FLASHLIGHT PHARMACY.....
Physical address:
Street.....VWAWA.....Ward.....
District/Municipal.....MBOZI.....
Region.....SONGWE.....

**DETAILS OF SUPERINTENDENT**

Name.....FREDRICK H. HALLE.....
Registration Number.....PIN NO: 0405014.....
Phone.....0752472331.....
Address.....MBEYA URBAN.....

**REASON(s) FOR CHANGE**

.....Mutual agreement.....
.....

**TIME FRAME:** (Notify Registrar the time frame as per Contract)

.....30 days (1 month).....
Signature.....
Date.....16/01/2025.....

**OWNER REMARKS**

.....
Name.....
Phone Number .....
Signature.....
Date.....

FOR **OFFICE USE ONLY**

**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

Recommendations.....
Name.....Designation.....Signature.....
Date.....

B. **TO BE COMPLETED BY THE OWNER ONLY**

**NEW SUPERINTENDENT**

Name of Superintendent .....
Physical address:
Street.....
Ward.....
District/Municipal.....
Region.....
Contacts of previous Superintendent.....
Email of previous Superintendent.....

**QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT** (To be attached)

- (i) copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

**REASONS FOR CHANGING THE MANAGEMENT**

.....
.....

C. **FOR OFFICE USE ONLY**

**INSPECTION/REGISTRATION OR ZONAL**

Recommendations.....
.....
Name.....Designation.....Signature.....
Date.....

**NOTE;**
Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

FREDIRICK HYAZINT HAULE,
P.O. BOX 2516,
MBEYA.
**February 25, 2025.**

MAKAO MAKUU,
BARARZA LA FAMASI TANZANIA,
P .O. BOX 1277,
**DODOMA.**

Ndugu

**YAH: MAOMBI KUONDOLEWA KWENYE USIMAMIZI WA FLASHLIGHT PHARMACY.**

Husika na mada tajwa hapo juu, Mimi naitwa Fredirick Hyazint Haule, Fundi sanifu wa dawa mwenye namba ya usajiri 0405014 ambaye nilikuwa nafanya kazi katika FAMASI iitwayo FLASHLIGHT PHARMACY iliyopo mbozi, mkoa wa songwe na kumaliza mkataba wangu. Mmiliki wa duka ameshindwa kuweka sahihi kwenye fomu ya "notification of change of management" bila sababu tangu tarehe 16/01/2025 mpaka hivi leo tarehe 25/02/2025.

Ninaomba msaada wa kuondolewa kwenye mfumo wa usimamizi na utekelezaji wa majukumu ya fundi sanifu wa dawa katika famasi hiyo ili niweze kuingizwa kwenye mfumo wa usimamizi na utekelezaji wa majukumu kwenye famasi nyingine.

Wako katika utekelezaji wa majukumu

ASANTE

Haule
.....
FREDIRICK HYAZINT HAULE.

SIMU: 0752472331/ 0616072331
Email. haule.fredirick97@gmail.com